

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 20 1933

1. PLACE OF DEATH
10 County Bone Registration District No. 73
3 Township Columbia Primary Registration District No. 3006
8 City Columbia (No. _____ St. _____ Ward) _____

2. FULL NAME James W. Morris
(a) Residence, No. 719 West St., _____ Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State) _____
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 18891
Registered No. 130

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-29-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/2/33 1933

22. I HEREBY CERTIFY, That I attended deceased from from time of death 1933
I last saw him alive on June 7, 1933 Death is said to have occurred on the (date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:
Premature Birth at 7 m.
Date of onset 159

Other contributory causes of importance: 159

12. BIRTHPLACE (CITY OR TOWN) Columbia (STATE OR COUNTRY) Mo.

13. NAME Robert Morris

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) _____

15. MAIDEN NAME Bellie Via

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) _____

17. INFORMANT Robert Morris (ADDRESS) Columbetta

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Anne DATE 6/6/33 1933

19. UNDERTAKER W. A. Vandeventer (ADDRESS) Columbia

20. FILED 6/9/33 Allie Selby Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? Septicemia Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1933
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) W. A. Morris, M. D.
(Address) Columbia, Mo.

